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| Application No. | Applicant(s) | |
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| 09/346,412 | GREGORY JAMIESON | |
| Examiner | Art Unit | |
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| | ORIGINAL | | I | CROSS REFERENCE(S) | | | | | | | | | | | | |
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|)M/ (Assi | Jaw stant Examiner | BAHUYNH | | | | | | | Total Claims Allowed: 5/ | | | | | | | |
| • | struments Exar | (Primary Examiner) (Date) | | | | | | | O.G. Print Claim(s) | | | | i.G. at Fig. | | | |
| Claims | renumbered | er as prese | r as presented by applicant CPA | | | | | | | ☐ T.D. | | | | | | |
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| 3 | 7 | | 30 | 37 | | | 67 | | | 97 | | | 127 | | 157 | | | 187 |
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| 12 | 16 | | 39 | 46 | | | 76 | | | 106 | | | 136 | | 166 | | | 196 |
| 13 | 17 | | 110 | 47 | | | 77 | | | 107 | İ | | 137 | | 167 | | | 197 |
| 14 | 18 | | 41 | 48 |] | | 78 |] | | 108 | | | 138 | | 168 | | | 198 |
| 15 | 19 | | 42 | 49 | | | 79 | | | 109 | | | 139 | | 169 | | | 199 |
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| 18 | 22 |] | 45 | 52 |] | | 82 |] | | 112 | | | 142 | | 172 | | | 202 |
| 19 | 23 | | 46 | 53 |] | | 83 |] | | 113 | | | 143 | | 173 | | | 203 |
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